## **SUBSTITUTE W-9 FORM**

## REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Complete general information:		
	axpay ame	Phone Number
Вι	usines	ss Name (if applicable)
		s
		State ZIP Code
2.	Circ	ele the most appropriate category below: (circle only one)
	1)	Individual (not an actual business.)
	2)	Joint account (two or more individuals.)
	3)	Custodian account of a minor.
	4)	a) Revocable savings trust (grantor is also trustee.)
		b) So-called trust account that is not a legal or valid trust under state law.
	5)	Sole proprietorship (using a social security number for the taxpayer ID.)
	6)	Sole proprietorship (using a federal employer identification number for taxpayer ID.)
	7)	A valid trust, estate, or pension trust.
	8)	Corporation.
	9)	Association, club, religious, charitable, educational, or other not-profit organization (for entities that are exempt from federal tax, use category 13 below).
	10)	Partnership.
	11)	A broker or registered nominee.
	12)	Account with the U.S. Department of Agriculture in the name of a public entity that receives agricultural program payments.
	13)	Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 50(c)3 entities).
3	Fill i	in your taxpayer identification number below: (complete only one)
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	1)	If you circled number 1 - 5 above, fill in your Social Security Number:
	2)	If you circled number 6 - 13 above, fill in your Federal Employer Identification Number (EIN):
	۷)	Tryou circles framber of the above, this irryout reactal Employer Identification (Various (Effv).
4.	Siar	n and date the form:
	_	ication – Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I
	circle	d category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not cet to backup withholding.
	٤	Signature Date
	Pri	int Name Title